



**CHARLES D. BAKER**  
GOVERNOR

**KARYN E. POLITO**  
LIEUTENANT GOVERNOR

**JAY ASH**  
SECRETARY OF HOUSING AND  
ECONOMIC DEVELOPMENT

**Commonwealth of Massachusetts**  
**Division of Professional Licensure**  
**BOARD OF REGISTRATION OF CHIROPRACTORS**  
1000 Washington Street • Boston • Massachusetts • 02118

**JOHN C. CHAPMAN**  
UNDERSECRETARY OF  
CONSUMER AFFAIRS AND  
BUSINESS REGULATION

**CHARLES BORSTEL**  
COMMISSIONER, DIVISION OF  
PROFESSIONAL LICENSURE

**Chiropractic Facility Application**  
**CHIROPRACTOR OF RECORD ACKNOWLEDGEMENT**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Massachusetts Chiropractor's License Number: \_\_\_\_\_

Date of Birth: (MM/DD/YYYY): \_\_\_\_\_

\*Social Security Number:  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

\*Pursuant to G.L. c. 62C, s. 47A, the Division of Professional Licensure is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the tax laws of the Commonwealth.

Facility Name: \_\_\_\_\_

Facility License Number (if licensed): \_\_\_\_\_

Facility Address: \_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip Code

To the best of your knowledge, was there a Chiropractic Facility previously located at the above address?

Yes: ☐ No: ☐

If yes, please indicate previous Facility License Number, if known: \_\_\_\_\_



Does the proposed Chiropractor of Record have a minimum of four years of verifiable experience as a Chiropractor licensed in the Commonwealth or another jurisdiction, where the person's responsibilities included but were not limited to patient care, record keeping, and billing?

Yes: ☐ No: ☐

**If No, then the proposed Chiropractor of Record must complete an Experience Waiver.**

### **Background Questions**

*Failure to provide accurate information may be grounds for the Massachusetts Board of Registration of Chiropractors to suspend, revoke or otherwise discipline your license issued in accordance with Massachusetts Law.*

1. Has any disciplinary action been taken against you by a licensing board in any jurisdiction?

Yes: ☐ No: ☐

If yes, a notarized letter must be submitted with this application. The letter should contain an explanation and description of the incident.

2. Do you hold or have you held a professional license in any jurisdiction, besides your Massachusetts chiropractic license? This includes expired licenses in other jurisdictions.

Yes: ☐ No: ☐

If yes, please list your licenses in the space below and contact the jurisdiction's licensing authority and arrange for that authority to send a certificate of standing directly to the Board indicating the status of your license, information on any pending actions, and any disciplinary information.

---

---

---

**For questions 3-6, if you answer yes, you must submit a notarized letter explaining the incident.**

3. Are you the subject of pending disciplinary action by a licensing board in any jurisdiction?

Yes: ☐ No: ☐

4. Have you ever voluntarily surrendered a professional license to a licensing board in any jurisdiction?

Yes: ☐ No: ☐

5. Have you ever applied for and been denied a professional license in any jurisdiction?

Yes: ☐ No: ☐

6. Have you ever been convicted of a felony or misdemeanor in any jurisdiction?

Yes: ☐ No: ☐

### **Certification**

I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. **I understand that the failure to provide accurate information may be grounds for the Massachusetts Board of Registration of Chiropractors to suspend, revoke or otherwise discipline a license issued to me in accordance with Massachusetts Law.**

I further attest that, pursuant to G.L. c. 62C, §49A, to the best of my knowledge and belief, I and/or the business entity I represent have filed all state tax returns and paid all state taxes required by law.

I further agree that I am responsible for ensuring that the actions of the above referenced chiropractic facility will adhere to all applicable Massachusetts laws and regulations pertaining to the practice of chiropractic. In particular, I have read and understand my responsibilities as a chiropractor of record under 233 CMR 5.03.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name